

Illustration Request Form

Instructions: Please answer all questions. Use the Notes section to provide additional information. Once completed, email to illustrations@sppartners.com.

BGA Requester: _____ BGA Name: _____

Agent Name: _____

Email: _____ Phone: _____

CLIENT INFORMATION

Client name: _____ DOB: _____ Save Age: _____

Gender: M F State: _____ **RATING CLASS** Preferred Best ___ Preferred ___
 Standard Plus ___ Standard ___ Pref Tob ___ Std Tob ___
 Tobacco (select one): Never / Y / N Other _____

Type (select one): Cigarette/ Cigar/ Pipe/ Snuff/ Chew/ E-Cig/ Other _____

Amount / Frequency: _____ Quit Date: _____

INSURANCE INFORMATION

Product Type: Term: UL: GUL: IUL: [Survivorship: SUL SIUL]

1035 Amount: \$ _____ Additional Lump Sum: \$ _____ MEC (select one): Yes / No

Face amount: \$ _____ Face option: Level: Increasing: Change to Level at Age: _____

Illustrative Interest Rate: AG49: Other: _____ % Guarantee to age/year: _____

Premium amount \$ _____ Mode (select one): M / Q / S / A

Years to Pay: _____ Distributions: Begin _____ End _____

Riders requested: _____

Specific carrier(s): _____

NOTES (additional instructions): _____

SEND ILLUSTRATION TO: BGA Requester